<<Today>>

Child Name: <<Lead\_Name>>

Primary Diagnosis: <<Lead\_PD\_Condition\_Description>>

Additional Diagnosis (if applicable):

<<Lead\_SD1\_Condition\_Description>>

<<Lead\_SD2\_Condition\_Description>>

<<Lead\_SD3\_Condition\_Description>>

<<Lead\_SD4\_Condition\_Description>>

Hello <<Lead\_Treating\_Medical\_Professional\_First\_Name>> <<Lead\_Treating\_Medical\_Professional\_Last\_Name>>,

After reviewing the information that was submitted for evaluation of wish eligibility, we have concluded that your patient does not meet our eligibility criteria for a wish at this time.

*---OPTIONAL TEXT---*

*Optional comments by chapter here*

If you feel there is additional information you could provide that would be supportive of wish eligibility, please contact us.

If in the future, medical conditions should change, we hope you will contact us again.

Thanks to the support of you and other medical professionals around the country, we continue to come closer each year to our vision of making every eligible child’s wish come true.

Regards,

<<LeadOwner\_FullName>>

<<LeadOwner\_Title>>

<<Lead\_ChapterName>>

<<LeadOwner\_Email>>

<<LeadOwner\_Phone>>